

# Equine Liability Application



## Company Use Only

Customer No.

Producer No

(Note: This is not a Binder. Incomplete or unsigned applications will be returned for completion.)

Agency's Name and address (Include Zip Code)

Agency Phone #

( ) -

City

St

Zip

Producer #

Transaction

New Business  
Renewal of #

Quote

Issue

Effective Date

Quote Desired By

to

Agency Bill

Annual

Semi- Annual

Quarterly

Choice/Direct Bill to Applicant

Applicant is

Owner/Operator

Absentee Owner

Manager

Does Owner:

Own Property

Lease Property

LLC

Partnership

Corporation

Other (explain)

Applicant - Name and address ( include County and Zip Code)

Applicant:

Applicant's Farm Business Name:

Mailing Address

City

County

State

Zip

Applicant's Phone Number:

Website/www.

FEIN #

Person to contact for inspection purposes:

Name:

Phone :

**IS THIS APPLICANT DIRECT TO YOUR AGENCY OR BROKERED?**

## General Underwriting Questions

- How long has agent known applicant? \_\_\_\_\_ Provide the date when agent inspected premises: \_\_\_\_\_
- Are horse operations your main source of income? Yes No If not, what is? \_\_\_\_\_  
Are you engaged in any other business, profession or trade? \_\_\_\_\_ If yes, describe. : \_\_\_\_\_
- Describe your horse operations \_\_\_\_\_
- How many years experience/in the business with horses? If none, any experience as Farm Mgr, etc. \_\_\_\_\_
- What primary breed of horse do you work with? \_\_\_\_\_
- Are there any farm/ranch operations other than horse? Yes No If yes, what? \_\_\_\_\_
- Do you perform any custom farming operations? Yes No If yes, what are the receipts? \_\_\_\_\_  
Describe the type of custom farming you do \_\_\_\_\_
- Number of farm/ranch employees \_\_\_\_\_ Number of domestic employees \_\_\_\_\_  
Is Worker's Compensation carried? Yes No If yes, Name of Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Are there any non-farm/ranch operations conducted on premise? Yes No  
If yes, describe \_\_\_\_\_  
Name of insurance provider \_\_\_\_\_  
Policy Number \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Is there a business or professional office (non-farm) in your dwelling or on your premises? Yes No
- Do you own a non-farm residence in which you reside (I.e. vacation home)? Yes No  
Do you have liability insurance for it? Yes No If yes, please provide insurance information:  
Name of carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Policy Period: \_\_\_\_\_
- Is the scheduled premises the only premises you own, rent or operate/maintain as a farm/ranch/residence? Yes No  
If no, explain. \_\_\_\_\_
- Do you own any (non-farm) rental dwelling(s)? Yes No Do you wish liability coverage for them? Yes No
- Is any property leased to others? Yes No If yes, explain: \_\_\_\_\_
- Do you judge shows? Yes No What are your annual receipts? \_\_\_\_\_

16	Open Range Area?	Yes	No	Fences inspected and repaired regularly?	Yes	No
17	Is there a swimming pool on premise?	Yes	No	If yes, at which location and structure?		
	Does the pool(s) have a secure 4ft no climb fence with self latching lock on the inside?				Yes	No
	Is there a diving board?	Yes	No			
	Is the pool used by anyone other the applicant?		Yes	No		
	What is the depth of the pool?	_____				
18	Is the applicant involved in any of the following activities?					
	Dude Ranch		Yes	No		
	Entertainment/Amusements involving farm animals?		Yes	No		
	Pony Rides		Yes	No		
	Hay/Carriage/Sleigh Rides		Yes	No		
	Public Horse Rentals		Yes	No		
	Polo/Horse Ball		Yes	No		
	Therapeutic or Riding for the Handicapped		Yes	No		
	Hunting or fishing on premises by other than owner and family		Yes	No		
	Motorcycles, ATV's operated by other than applicant		Yes	No		
	Vaulting		Yes	No		
	Explain any "Yes" answers: _____					
19	Are dogs owned?	Yes	No	How many? _____	Breed _____	
	Any past aggressive behavior? (I.e. bites, etc.) _____					
	Are dogs contained when customers are on premises? _____					
	Are dogs allowed in barn/horse areas? If so, describe _____					
20	Are independent contractors hired to perform any farming operations?		Yes	No		
	Do you ask for proof of liability insurance (COI)	Yes	No			
	Are you named as Additional Insured on the Independent's liability policy?		Yes	No		
	What does the Independent do for you? _____					
21	Is any part of the premises used or leased for organized recreational use?		Yes	No		
	Type of use? _____					
22	Does Applicant prepare and/or sell animal feed?		Yes	No		
	If yes, explain. _____					
23	Are the farm premises open to the public as roadside stands, "uPick," recreational, "rent a garden," auction, sales, show, food or beverage service, animal boarding, sale of Christmas trees, or any other uses?		Yes	No		
	If yes, explain. _____					
24	Are there any unusual hazards on the premises such as (but not limited to) dump pits, silage pits, sump holes, lakes reservoirs?					
	Yes	No	Explain: _____			
25	How is animal waste disposed of? _____					
26	Is there an airstrip on the premise?	Yes	No	How is it used and by whom? _____		
27	Do you wish liability coverage for any owned watercraft?	Yes	No	(if yes, attach Acord Watercraft Application)		
28	Do you wish liability coverage for any owned snowmobiles/ATVs/Golf Carts?		Yes	No		
	Are any licensed for road use?	Yes	No	Do you want off premises coverage?	Yes	No
	Make, Model VIN? _____			How are they used? _____		
	if ATV, how many wheels? _____		What is the value of each? _____			
	Operator information (names, dates of birth, drivers license #). _____					
29	Is there any land held for real estate development or speculation?				Yes	No
	If yes, provide details: _____					
30	Are you a subsidiary of another company?	Yes	No	If yes, explain _____		
31	Do you serve on any corporate or other board for remuneration?		Yes	No	Detail _____	
32	Do you have a homeowners policy?	Yes	No	If yes, Carrier, Policy #, Limit of Liability & policy term: _____		

## 5 YEAR PRIOR COVERAGE INFORMATION

Line	Policy Period	Carrier	Policy Number	Premium	Number of Claims
Property					
Liability					
Auto					
Umbrella					
Other					

## 5 Year Loss History

Enter all claims or occurrences for the prior five years. Attach hard copy loss runs.

Date	Description of Claim/Occurrence	Amount	Open/Closed

Has any policy been canceled?      Non-renewed?      Declined?      (not applicable in MO)

Explain yes answers:

LOCATION SCHEDULE									

[illegible]

*911 address	**Owner/Tenant, etc.
--------------	----------------------

*911 address	**Owner/Tenant, etc.
--------------	----------------------

<b>Additional Insured:</b>
----------------------------

Additional Insured Name:	Additional Insured Address	Reason/Relationship to Insured

Describe any special features or programs about any of your operations:

Apart from operations mentioned in this application, list and explain fully any other operations conducted on your premises or under your name as listed on this application:

## LIABILITY SECTION

Unless Specifically Endorsed Non-Owned Horses In Your Care, Custody or Control Are Not Covered For Injury or Death. **Attach Care, Custody and Control Application if coverage is wanted.**

Limits of Insurance - Occurrence/Aggregate (000)

\$100/200	\$300/\$600	\$500/\$1,000	\$1,000/\$2,000
-----------	-------------	---------------	-----------------

### Equine Underwriting and Safety Information:

- 1 Are you the primary manager of facility?      Yes      No  
 If no, who is the manager: \_\_\_\_\_ Age: \_\_\_\_\_ Experience: \_\_\_\_\_
- 2 Is there 24 hour supervision of the facility?      Yes      No      Explain Supervision: \_\_\_\_\_
- 3 Are emergency numbers clearly posted?      Yes      No
- 4 Are Safety and Barn rules posted at the facility?      Yes      No      **Please provide a copy.**
- 5 Are no smoking signs clearly posted?      Yes      No
- 6 Are State Equine Liability signs clearly posted (if applicable)?      Yes      No      N/A
- 7 Do you participate in parades?      Yes      No      If yes, please provide details: \_\_\_\_\_
- 8 Are Non-boarders using the facility?      Yes      No      If yes, please explain: \_\_\_\_\_
- 9 Do any Associations, Pony Clubs, 4-H, Girl/Boy Scouts, etc use your facility?      Yes      No  
 If yes, please explain: \_\_\_\_\_
- 10 Do you have all clients sign a hold harmless agreement and is it kept in file and maintained?      Yes      No  
**Enclose sample copies of all hold harmless agreements.**
- 11 Are client's dogs allowed on the facility      Yes      No      If yes, are leashes required?      Yes      No
- 12 Do you lease any part of the building or land to someone else (other than your boarders)?      Yes      No  
 If yes, please explain: \_\_\_\_\_
- 13 Do you lease any part of the buildings or land from someone else?      Yes      No  
 If yes, please explain: \_\_\_\_\_
- 14 All fence/gates in good condition?      Yes      No      How often is fencing checked (daily, weekly, monthly, never)? \_\_\_\_\_  
 What type of perimeter fencing is used? \_\_\_\_\_
- 15 Has any animal ever escaped?      Yes      No      If yes, please explain: \_\_\_\_\_
- 16 Do you lease horses to or from others?      Yes      No      **Need copy of Contract**  
 Details: \_\_\_\_\_

### Sales on Premises Operated by You

Not Applicable

- 17 Do you sell horses on your premises?      Yes      No      What breeds? \_\_\_\_\_
- 18 How many do you sell a year?      \_\_\_\_\_      What are the annual receipts? \_\_\_\_\_
- 19 Is the buyer allowed to test ride?      Yes      No      **If buyer is allowed to test ride, required to have Hold Harmless signed and proper footwear and headgear worn if minor.**
- 20 If buyer is allowed to test ride, is the level of experience evaluated?      Yes      No
- 21 What is the method of sale (private treaty, auction, consignments)? \_\_\_\_\_
- 22 Do you sell food or operate a snack bar?      Yes      No      What are the annual receipts? \_\_\_\_\_  
 What is sold (hamburgers, hot dogs, chips etc.)? \_\_\_\_\_ Deep Fryer?      Yes      No
- 23 Do you sell tack and/or clothing?      New      Used      Reconditioned Tack  
 If so, what are the annual receipts? \_\_\_\_\_
- 24 Do you offer repair of tack or riding equipment?      Yes      No  
 If yes, what is the location of the shop? \_\_\_\_\_
- 25 Do you/employee perform any type of farrier services?      Yes      No      What are the annual receipts? \_\_\_\_\_
- 26 Do you cut or bale hay?      Yes      No      What are the annual receipts? \_\_\_\_\_
- 27 Do you prepare or mix feed for sale?      Yes      No      What are the annual receipts? \_\_\_\_\_

## LIABILITY SECTION

### Riding Instructions

Not Applicable

- 28 Do you teach: English Western Jumping Other (explain) \_\_\_\_\_  
**Pony Club Activities and Vaulting refer to Company**
- 29 Is instruction provided by: You Independent Instructor Employee
- 30 If instruction is provided on your premises by an Independent Instructor, how many such instructors?
- 31 Describe your experience and qualifications: \_\_\_\_\_  
 Are you a certified instructor? Yes No If yes, by whom? \_\_\_\_\_
- 32 Describe your employee's and/or Independent Instructor's experience and qualifications: \_\_\_\_\_
- 33 Do you obtain a certificate of insurance from the Independent Instructor(s)? Yes No  
**Applicant must be named as Additional Insured. Please provide a copy of the Certificate of Insurance**
- 34 Is your employee and/or Independent Instructor certified? Yes No By whom: \_\_\_\_\_
- 35 What is the number of students per week given lessons by you or your employee?
- 36 What is the number of students per week given lessons by the Independent Instructor?
- 37 What is the minimum age of the students?
- 38 What is the maximum number of students per instructor per lesson for you & your employees?
- 39 What is the maximum number of students per instructor per lesson for the Independent Instructor?
- 40 What are the annual gross receipts derived from instruction by you and your employee?
- 41 What are the annual gross receipts derived from instruction by the Independent Instructor?
- 42 Do you attend off-premises shows with your students? Yes No  
 If yes, number of shows? \_\_\_\_\_ What are the gross receipts? \_\_\_\_\_

### Clinics

Not Applicable

- 43 Do you hold/sponsor clinics for non-students on your premises? Yes No Off Premises: Yes No  
 Details? \_\_\_\_\_
- 44 Type of Clinics: \_\_\_\_\_
- 45 Number of Clinics: \_\_\_\_\_ Number of days per clinic \_\_\_\_\_
- 46 Average Attendance: \_\_\_\_\_
- 47 Do you rent/lease your facility to others to hold clinics? Yes No  
**If yes, provide Certificate of Insurance with the Applicant named as Additional Insured.**  
 If yes, who teaches these clinics? \_\_\_\_\_
- 48 Do you require outside clinicians to provide proof of insurance? Yes No **Please send copy**
- 49 What are the receipts for the clinics? \_\_\_\_\_

### Day Camps

Not Applicable

- 50 Do you hold camps? Yes No **"If yes, please complete a Camp Supplemental Questionnaire"**

### Boarding (not your own horses)

Not Applicable

- 51 Do you provide riding facilities for boarders Yes No If yes describe: \_\_\_\_\_
- 52 Is temporary overnight boarding provided? Yes No If yes describe: \_\_\_\_\_
- 53 If boarding self-board or full care? \_\_\_\_\_
- 54 Do you have boarders sign hold harmless agreements? Yes No **If yes, provide copy.**  
 If no, explain \_\_\_\_\_
- 55 Number of stalls on premises used for boarding? \_\_\_\_\_ Maximum number of animals boarded? \_\_\_\_\_
- 56 Maximum number of animals pastured? \_\_\_\_\_
- 57 Annual Receipts related to Boarding? \_\_\_\_\_ Boarding Payroll? \_\_\_\_\_

**LIABILITY SECTION****Training**

Not Applicable

58 What type of training is given? \_\_\_\_\_

59 Do you have a trainer on staff? Yes No If yes, what is the payroll for the trainer? \_\_\_\_\_

60 How many lessons are considered part of their training agreement? \_\_\_\_\_ Provide copy of agreement

61 Total payroll related to Training? \_\_\_\_\_

62 If Trainer is independent contractor, do you require certificates of insurance? Yes No

Certificate of Insurance must name applicant as additional insured. Please attach a copy.

63 If racing, in which states do you race? \_\_\_\_\_

64 Annual receipts for training? \_\_\_\_\_

What is the average number of horses trained per year? \_\_\_\_\_

**Owned Horses**

Not Applicable

65 How many horses do you own or lease for your own use? \_\_\_\_\_

66 How many are used for pleasure riding? \_\_\_\_\_

67 How many are used for showing? \_\_\_\_\_

68 How many are for sales prep? \_\_\_\_\_

69 How many are used for instruction? \_\_\_\_\_

**Breeding**

Not Applicable

70 Do you manage stallions? Yes No If yes, how many? \_\_\_\_\_

71 How many are owned wholly by you? \_\_\_\_\_

72 How many are owned by others? \_\_\_\_\_

73 What are your receipts from breeding? \_\_\_\_\_

74 What is your breeding operations payroll? \_\_\_\_\_

75 Do you manage or keep broodmares? Yes No

76 How many broodmares do you own? \_\_\_\_\_

77 How many non-owned broodmares do you have on your farm at any one time? \_\_\_\_\_

78 Do you offer foaling services? Yes No If yes, what are the receipts? \_\_\_\_\_

79 Do you have a veterinarian on staff? Yes No (Professional Liability is excluded)

Are vet services provided for other than applicant horses? Yes No If yes, provide COI for Professional Liability

**Horse Shows**

Not Applicable

80 Do you sponsor any horse shows on your premises? Yes No Off Premises? Yes No

81 Number of spectators per day/show? \_\_\_\_\_ Total per show \_\_\_\_\_  
Number of participants per day/show? \_\_\_\_\_ Total per show \_\_\_\_\_ Receipts per show? \_\_\_\_\_

82 Dates of Shows: \_\_\_\_\_

83 Types of Shows: \_\_\_\_\_

84 Do you have stall rental for shows? Yes No If yes, what are the Receipts? \_\_\_\_\_

Number of stalls available? \_\_\_\_\_ Are they Temporary or Portable Stalls? Yes No

85 Do you secure releases/hold harmless agreements from all entrants Yes No Attach sample copy

86 Do you have an EMT present at all shows? Yes No

87 Are shows sanctioned? Yes No If yes, by whom? \_\_\_\_\_

88 Do you have bleachers or grandstands? Yes No If yes, what is the construction? \_\_\_\_\_

If yes, what is the height? \_\_\_\_\_ If yes, what is the seating capacity? \_\_\_\_\_

89 Do you provide RV or camper hookups during these shows? Yes No

If yes, number of hookups? \_\_\_\_\_ What are the Receipts? \_\_\_\_\_

90 Do you provide concessions during these shows? Yes No

If yes, explain: \_\_\_\_\_

91 Do you have vendors on the premises during these shows? Yes No

If yes, please explain the items sold: \_\_\_\_\_

92 Do you collect proof of liability insurance from these vendors? Yes No

93 Do you lease your facility to others to hold shows and events? Yes No If yes, explain:

What are the receipts for leasing the facility? \_\_\_\_\_

Do you require proof of liability insurance? Yes No

**INSURANCE FRAUD WARNING STATEMENT**

This statement is provided to you with the insurance application. READ and initial the applicable Fraud Warning Statement for the State in which your application is being made before executing and submitting the attach application to your agent.

- Arizona For your protection, Arizona law requires the following statement to appear on this form  
Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- Arkansas Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- California For your protection, California law requires the following to appear on this form:  
Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- Colorado It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- Delaware Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- Florida Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or any application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Idaho Any person who knowingly, and with intents to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.
- Indiana A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.
- Kentucky Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- Louisiana Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and maybe subject to fines and confinement in prison.
- Maine It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- Minnesota A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.



New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or inform: misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20
New Jersey	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES
New York	Any person who knowingly and with intents to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_